

**IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF DELAWARE**

SEPRACOR INC., Plaintiff, v. DEY, L.P., and DEY, INC., Defendants.	C.A. No. 06-113 (JJF) C.A. No. 06-604 (JJF) CONSOLIDATED
SEPRACOR INC., Plaintiff, v. BARR LABORATORIES, INC., Defendant.	C.A. No. 07-438 (JJF)

**DECLARATION OF PRESTON K. RATLIFF II IN SUPPORT
OF SEPRACOR'S ANSWERING CLAIM CONSTRUCTION BRIEF**

I, Preston K. Ratliff II, am associated with the law firm of Paul, Hastings, Janofsky & Walker LLP, counsel for Plaintiff, Sepracor Inc. ("Sepracor"). I make this declaration in support of SEPRACOR'S ANSWERING CLAIM CONSTRUCTION BRIEF.

1. Attached as Exhibit 17 hereto is a true and correct copy of two letters from Sepracor to Barr dated April 25, 2008 and April 29, 2008.

2. Attached as Exhibit 18 hereto is a true and correct copy of Stedman's Medical Dictionary, 25th Edition, pages 213, 214, and 1416.

3. Attached as Exhibit 19 hereto is a true and correct copy of Merriam-Webster's Medical Desk Dictionary, 1986, page 121.

I declare under penalty of perjury that the foregoing is true and correct.

Dated: 5/1/08


Preston K. Ratliff II

CERTIFICATE OF SERVICE

I, hereby certify that on May 1, 2008, I electronically filed the foregoing with the Clerk of the Court using CM/ECF, which will send notification of such filing(s) to the following:

Steven J. Balick
John G. Day
Tiffany Geyer Lydon
ASHBY & GEDDES

Richard Hermann
MORRIS JAMES LLP

I also certify that copies were caused to be served on May 1, 2008 upon the following in the manner indicated:

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and HAND DELIVERY**

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George C. Lombardi
Imron T. Aly
Elizabeth H. Erickson
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35 West Wacker Drive
Chicago, IL 60601

/s/ Karen Jacobs Louden

Karen Jacobs Louden (#2881)

EXHIBIT 17

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April 25, 2008

VIA E-MAIL AND FACSIMILE

Imron T. Aly, Esq.
Winston & Strawn LLP
35 West Wacker Drive
Chicago, IL 60601

Re: *Sepracor Inc. v. Dey, L.P., et al.*
Civil Action No. 06-113 (JJF) (Consolidated)

Dear Mr. Aly:

This concerns Barr's April 16, 2008 letter regarding the claim construction briefing.

Barr states without explanation that it "intends to address the other claim terms that were disputed by Sepracor and Dey." If Barr is suggesting that it will argue claim terms in its answering claim construction brief that it did not argue in its opening claim construction brief, Sepracor reserves its right to seek exclusion of such untimely arguments and/or to request a sur-reply brief to respond to them. In any event, please provide us by noon Monday, April 28, 2008: (1) a list of any additional claim terms Barr intends to "address" in its responsive brief; (2) Barr's proposed constructions of those terms; and (3) citations to the materials (intrinsic and extrinsic) that Barr relies on in support of its proposed constructions.

Very truly yours,



Preston K. Ratliff II
for PAUL, HASTINGS, JANOFSKY & WALKER LLP

cc: Jack B. Blumenfeld, Esq.
Richard K. Herrmann, Esq.
Steven J. Balick, Esq.
Elizabeth A. Leff, Esq.

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April 29, 2008

VIA E-MAIL AND FACSIMILE

Imron T. Aly, Esq.
Winston & Strawn LLP
35 W. Wacker Drive
Chicago IL 60601-9703

Re: *Sepracor Inc. v. Dey, L.P., et al.*,
Civil Action Nos. 06-113-JJF (Consolidated)

Dear Mr. Aly:

This is in response to Barr's April 28, 2008 letter regarding claim construction briefing. Barr's letter misstates several facts.

Barr asserts that on April 7, 2008 (three days before the due date for opening *Markman* briefs), Sepracor disputed only the meaning of the claim term "side effects," and that other claims terms, such as "chronic," "inducing bronchodilation or providing relief from bronchospasm," and "reversible obstructive airway disease" did not require construction. That is incorrect. On April 3, 2008 (a week before the due date for opening *Markman* briefs), Sepracor specifically told Barr that it in addition to the claim term "side effects," Sepracor planned to brief the other claim terms disputed by Dey. [See Tab A at p. 2.] Barr has had the list of claim terms disputed by Dey and Barr since March 26, 2008. [See Tab B; see also Tab C (the revised narrower list of claim terms disputed by Dey, which was produced to Barr on April 8, 2008).] Barr's suggestion that it did not know what claim terms Sepracor planned to brief is simply incorrect.

Barr also asserts that it was "surprised" by Sepracor's construction of the claim terms "chronic," "inducing bronchodilation or providing relief from bronchospasm," and "reversible obstructive airway disease." That is also incorrect. Sepracor briefed the claim term "chronic" in the *Sepracor v. Breath* case, and Barr has had those *Markman* briefs since February 29, 2008. [See Tab D.] Moreover, Sepracor specifically directed Barr to its Responsive Claim Construction brief in the *Sepracor v. Breath* case for its construction of the claim term "chronic." [See for example, Tabs A and E.] Further, Sepracor's construction of the terms "inducing bronchodilation or providing relief from bronchospasm," and "reversible obstructive airway disease" cannot be a surprise to Barr. Sepracor's construction of those terms is identical to the constructions set forth in its interrogatory responses, which Barr has had since February 11, 2008.

Paul Hastings

Imron T. Aly, Esq.
April 29, 2008
Page 2

In addition, Barr states that Sepracor did not respond to Barr's April 7, 2008 letter. That is also incorrect. Sepracor responded the following day, and sent copies to you as well as to Barr's local counsel. [See Tab E.]

Further, Sepracor never agreed to the constructions in Barr's proposed stipulation or to submit such a stipulation to the Court. Sepracor only stated that it would check with its local counsel to see if such a stipulation would be appropriate, and told Barr that if it was interested in filing a stipulation of agreed claim terms, Barr should distribute it for Sepracor's consideration. [See Tab A at p. 2.]

More to the point, Barr's desire now to brief terms that it failed to brief in its opening brief is inappropriate. [See, for example, Del. L. R. 7.1.3(c)(2): a "party filing the opening brief shall not reserve material for the reply brief which should have been included in a full and fair opening brief."] Barr has had Sepracor's constructions of the additional terms Barr seeks to brief for nearly two months prior to the due date for opening claim construction briefs. If Barr believed any claim terms other than the ones addressed in its opening brief required construction, it should have submitted its constructions and arguments in favor of those constructions in its opening brief.

Should Barr argue claim terms in its answering claim construction brief that it did not argue in its opening claim construction brief, Sepracor reserves the right to seek exclusion of such untimely arguments and/or permission from the Court to file a sur-reply claim construction brief to address them.

Finally, Sepracor's April 25, 2008 letter asked Barr to provide citations to the materials it relies on for its constructions of the claim terms that Barr did not address in its opening claim construction brief. In response, Barr stated that support for its construction is the "intrinsic evidence of the asserted patents and prosecution histories." That is a nonresponse. Sepracor cannot divine what specific portions of the patents and prosecution histories Barr relies on for its constructions. Please provide the requested citations.

Very truly yours,

A handwritten signature in black ink that reads "Preston Ratliff II / JTC". The signature is written in a cursive, flowing style.

Preston K. Ratliff II
for PAUL, HASTINGS, JANOFSKY & WALKER LLP

Paul Hastings

Imron T. Aly, Esq.
April 29, 2008
Page 3

Attachments

cc: Jack B. Blumenfeld, Esq.
Richard K. Herrmann, Esq.
Steven J. Balick, Esq.
Elizabeth A. Leff, Esq.

TAB A

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April 3, 2008

VIA E-MAIL AND FACSIMILE

Imron T. Aly, Esq.
Winston & Strawn LLP
35 West Wacker Drive
Chicago, IL 60601

Re: *Sepracor Inc. v. Dey, L.P., et al.*
Civil Action Nos. 06-113, 06-604, 07-438 (JJF)

Dear Mr. Aly:

This is in response to Barr's March 31, 2008 letter, which attempts to confirm our March 28, 2008 telephone conversation. Barr's letter does not accurately reflect our conversation.

First, I never told you that Sepracor's proposed claim constructions are different than those found in its interrogatory responses. Instead, I referred you to Sepracor's claim construction briefs in the *Sepracor v. Breath* case because Sepracor's interrogatory responses did not anticipate that Barr would actually argue that the "side effects" claim limitation of the '755, '994, '090, and '002 patents be restricted to a specific list of side effects.

Second, I told you that for the '755 patent, Sepracor relies on the plain meaning of the claim term "chronic." (*See, e.g.*, Sepracor's Responsive Claim Construction Brief in the *Sepracor v. Breath* case at 13.) Further, I do not agree with your suggestion that Sepracor's construction is inconsistent with Dr. Page's opinions.

Third, Sepracor did not agree to submit a stipulation of claim constructions to the Court. I told you that I would check with local counsel to see if that would be appropriate given that such stipulations are not a part of Judge Farnan's standard practice. If Barr has a proposed stipulation of agreed claim constructions, please distribute it for Sepracor's consideration.

Paul Hastings

Imron T. Aly, Esq.

April 3, 2008

Page 2

Fourth, I do not understand the final sentence of Barr's letter: "[Y]ou represented that Sepracor seeks no further construction for any other claim term in the asserted patents." As you know, defendant Dey disputes claim terms that Barr does not dispute. Sepracor certainly intends to brief the claim terms that Dey disputes.

Very truly yours,

A handwritten signature in black ink, appearing to read "Preston K. Ratliff II". The signature is stylized with a large, sweeping "P" and "R", and a distinct "II" at the end.

Preston K. Ratliff II

for PAUL, HASTINGS, JANOFSKY & WALKER LLP

cc: Jack B. Blumenfeld, Esq.
Richard K. Herrmann, Esq.
Steven J. Balick, Esq.
Elizabeth A. Leff, Esq.

TAB B

Ratliff, Preston K.

From: Clancy, Quinn E.
Sent: Wednesday, March 26, 2008 7:26 PM
To: Aly, Imron
Cc: Ratliff, Preston K.; Blumenfeld, Jack
Subject: Sepracor v. Barr
Attachments: Document 1.pdf; Document 2.pdf

In response to Barr's request for the exchange of claim terms in the Dey case, please see the attached letters.

Very truly yours,

Quinn Clancy

Quinn E. Clancy, *Litigation Associate* | Paul, Hastings, Janofsky & Walker LLP | 75 East 55th Street, New York, NY 10022 | direct: 212 318 6206 | main: 212 318 6000 | direct fax: 212 230 7708 | quinnclancy@paulhastings.com | www.paulhastings.com



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December 19, 2007

Sam Desai
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sdesai@flhlaw.com

VIA EMAIL

Susan M. Dadio Esq.
Buchanan Ingersoll & Rooney PC
1737 King Street, Suite 500
Alexandria, VA 22314-2727

Re: *Sepracor Inc. v. Dey, L.P. and Dey, Inc.*
Civil Action Nos. 06-113-(JJF) (Consolidated Cases)

Dear Susan:

Pursuant to our agreed schedule to exchange claim terms that may be the subject of Markman briefing, we provide the following:

I. Proposed Terms, Phrases, and Clauses to be Construed for U.S. Patent No. 5,362,755

- 1) side effects associated with chronic administration of racemic albuterol
- 2) chronic administration
- 3) chronically administering
- 4) sufficient to result in
- 5) simultaneously reducing

II. Proposed Terms, Phrases, and Clauses to be Construed for U.S. Patent No. 5,547,994

- 1) side effects associated with acute administration of racemic albuterol
- 2) sufficient to result in
- 2) simultaneously reducing

Susan M. Dadio Esq.
Buchanan Ingersoll & Rooney PC
Page 2

III. Proposed Terms, Phrases, and Clauses to be Construed for U.S. Patent No. 5,760,090

- 1) side effects associated with the administration of racemic albuterol
- 2) sufficient to result in
- 3) simultaneously reducing

IV. Proposed Terms, Phrases, and Clauses to be Construed for U.S. Patent No. 5,844,002

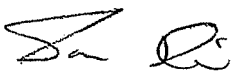
- 1) adverse effects associated with racemic albuterol
- 2) sufficient to induce
- 3) concomitant liability
- 4) adverse effects associated with racemic albuterol
- 5) simultaneously reducing
- 6) said adverse effects

V. Proposed Terms, Phrases, and Clauses to be Construed for U.S. Patent No. 6,083,993

- 1) reversible obstructive airway disease
- 2) therapeutically effective amount

Dey reserves the right to add or remove further claim terms that may require construction following receipt of Sepracor's submissions.

Sincerely,



Sam Desai

cc: Barbara Webb-Walker, Esq.
Jayson R. Wolfgang, Esq.
Preston K. Ratliff, Esq.

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December 19, 2007

VIA E-MAIL

Elizabeth A. Leff, Esq.
Frommer Lawrence & Haug LLP
1667 K Street, NW
Washington, D.C. 20006

Re: *Sepracor Inc. v. Dey, L.P. and Dey, Inc.*
Civil Action Nos. 06-113- *** & 06-604 - *** (Consolidated Cases)

Dear Elizabeth:

Pursuant to the Court's November 9, 2007 Order and the parties' agreement today regarding the exchange of claim terms, below is Sepracor's list of claim terms that it currently believes are in dispute. Sepracor reserves its right to amend and/or modify this list if necessary.

U.S. Patent No. 5,362,755 (Claims 1-3)

- "individual"
- "while reducing side effects associated with chronic administration of racemic albuterol"
- "while simultaneously reducing undesirable side effects"

U.S. Patent No. 5,547,994 (Claims 1-3)

- "while reducing side effects associated with the acute administration of racemic albuterol"
- "individual"
- "while simultaneously reducing undesirable side effects"

U.S. Patent No. 5,760,090 (Claims 1-4)

- "while reducing side effects associated with the administration of racemic albuterol"
- "individual"
- "while simultaneously reducing undesirable side effects"

Paul Hastings

Elizabeth A. Leff, Esq.
December 19, 2007
Page 2

U.S. Patent No. 5,844,002 (Claims 1-4, and 10)

- “providing relief of”
- “bronchospasm”
- “individual”
- “adverse effects”
- “associated with racemic albuterol”
- “while simultaneously reducing said adverse effects”

U.S. Patent No. 6,083,993 (Claims 1-4, and 10-13)

- “bronchospasm”
- “with reversible obstructive airway disease”

Very truly yours,

A handwritten signature in black ink, appearing to read "Preston K. Ratliff II". The signature is stylized with a large, looped "P" and a long, horizontal stroke at the end.

Preston K. Ratliff II
for PAUL, HASTINGS, JANOFSKY & WALKER LLP

TAB C

Ratliff, Preston K.

From: Ratliff, Preston K.
Sent: Tuesday, April 08, 2008 12:28 PM
To: 'Aly, Imron'
Cc: 'Leff, Elizabeth'; 'Desai, Sam'
Subject: FW: List of Claim Terms/Phrases to Be Construed

From: Desai, Sam [mailto:SDesai@flhlaw.com]
Sent: Friday, April 04, 2008 2:23 PM
To: Ratliff, Preston K.
Cc: Leff, Elizabeth
Subject: RE: List of Claim Terms/Phrases to Be Construed

Preston,

With respect to the '993 patent, we discussed and listed "treating bronchospasm in a patient with reversible obstructive airway disease" as found in claim 1, however, we did not discuss or list "preventing bronchospasm in a patient with reversible obstructive airway disease" as found in claim 10. We intend to brief the phrase "preventing bronchospasm in a patient with reversible obstructive airway disease" as well.

Sincerely,

Sam Desai
Frommer Lawrence & Haug LLP
745 Fifth Ave, 11th Floor
New York, NY 10151

Tel: 212-863-2139
Fax: 212-588-0500

From: Desai, Sam
Sent: Thursday, April 03, 2008 3:45 PM
To: 'Ratliff, Preston K.'
Cc: Leff, Elizabeth
Subject: RE: List of Claim Terms/Phrases to Be Construed

Preston,

Thank you for your suggestion. However, Dey believes that the entire phrase "treating bronchospasm in a patient with reversible obstructive airway disease" should be construed by the court instead of breaking-up the phrase into "bronchospasm" and "reversible obstructive airway disease." While we would prefer presenting to the court a uniform list of disputed terms, Sepracor is of course free to brief the phrase in the manner it sees fit.

Sincerely,

Sam Desai
Frommer Lawrence & Haug LLP
745 Fifth Ave, 11th Floor
New York, NY 10151

Tel: 212-863-2139
Fax: 212-588-0500

From: Ratliff, Preston K. [mailto:prestonratliff@paulhastings.com]
Sent: Thursday, April 03, 2008 12:35 PM
To: Desai, Sam; Leff, Elizabeth
Subject: RE: List of Claim Terms/Phrases to Be Construed

Sam,

With respect to the '993 patent, I think it makes sense to break-up the claim phrase "treating bronchospasm in a patient with reversible obstructive airway disease." As I understand it, the disputes concern the meaning of the term "bronchospasm" and then the meaning of the term "reversible obstructive airway disease." Therefore, I suggest that we frame the '993 patent disputes as 1. "bronchospasm" and 2. "reversible obstructive airway disease."

Very truly yours,

Preston

Preston K. Ratliff II, Litigation Associate | Paul, Hastings, Janofsky & Walker LLP | 75 East 55th Street, New York, NY 10022 | direct: 212 318 6055 | main: 212 318-6000 | direct fax: 212 230 7742 | prestonratliff@paulhastings.com | www.paulhastings.com

From: Desai, Sam [mailto:SDesai@flhlaw.com]
Sent: Wednesday, April 02, 2008 4:15 PM
To: Ratliff, Preston K.
Cc: Leff, Elizabeth
Subject: List of Claim Terms/Phrases to Be Construed

Dear Preston,

Based on our phone call today, Dey's understanding of the phrases/terms to be construed in the April 10th claim construction briefs are as follows:

'755

1. "while reducing side effects associated with chronic administration of racemic albuterol"
2. "while simultaneously reducing undesirable side effects"
3. "chronic administration"
4. "chronically administering"

'994

1. "while reducing side effects associated with the acute administration of racemic albuterol"
2. "while simultaneously reducing undesirable side effects"

'090

1. "while reducing side effects associated with the administration of racemic albuterol"
2. "while simultaneously reducing undesirable side effects"

'002

1. "inducing bronchodilation or providing relief of bronchospasm"
2. "while reducing the concomitant liability of adverse effects associated with racemic albuterol"
3. "while simultaneously reducing said adverse effects"

'993

1. "treating bronchospasm in a patient with reversible obstructive airway disease"

Please let us know if your understanding differs.

Sincerely,

Sam Desai
Frommer Lawrence & Haug LLP
745 Fifth Ave, 11th Floor
New York, NY 10151

Tel: 212-863-2139

Fax: 212-588-0500

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February 29, 2008

VIA E-MAIL (W/ ENCLOSURES) AND LETTER VIA FACSIMILE

Imron T. Aly, Esq.
Winston & Strawn LLP
35 W. Wacker Drive
Chicago IL 60601-9703

Re: *Sepracor Inc. v Barr Laboratories, Inc.*,
Civil Action No. 07-438-JJF

Dear Mr. Aly:

Enclosed are redacted copies of Sepracor's claim construction papers from the *Sepracor v Breath* litigation pending in the District Court of Massachusetts. These documents should be treated as "Confidential" pursuant to Delaware Local Rule 26.2 until a protective order is entered in this case.

Very truly yours,


Jason T. Christiansen
for PAUL, HASTINGS, JANOFSKY & WALKER LLP

Enclosures

cc: Via E-Mail

Jack B. Blumenfeld, Esq.
Richard K. Herrmann, Esq.
R. Elizabeth Brenner, Esq.

T A B L E

From: Ratliff, Preston K.
Sent: Tuesday, April 08, 2008 2:50 PM
To: 'Aly, Imron T.'; RHerrmann@morrisjames.com
Cc: Blumenfeld, Jack; eleff@flhlaw.com
Subject: RE: Sepracor v. Dey and Barr

Mr. Aly,

This is in response to Barr's April 7, 2008 letter regarding the upcoming claim construction proceedings. As Sepracor stated in its April 3, 2008 letter to Barr, Sepracor relies on the plain and ordinary meaning of the term "chronic" for its proposed construction of the '755 patent claims and referred Barr to Sepracor's Responsive Claim Construction Brief in the *Sepracor v. Breath* case setting forth that construction, a copy of which Barr has. Thus, Barr knows Sepracor's proposed construction of the term "chronic." There is nothing further that needs discussion with regard to this issue except for Barr to tell Sepracor whether it agrees with Sepracor's construction of the term "chronic." Barr's letter asserts that Sepracor's expert Dr. Page defined the term chronic "differently" and then asks Sepracor to explain the difference. But Sepracor does not agree with Barr's argument about Dr. Page's opinions. Moreover, Sepracor points out that expert discovery has not yet begun in this case and Dr. Page has not set about to provide an opinion about this issue of claim construction. Finally, Sepracor reserves its right to offer expert discovery consistent with the Court's forthcoming rulings on claim construction.

Very truly yours,

Preston

From: Aly, Imron T. [mailto:IAly@winston.com]
Sent: Monday, April 07, 2008 6:41 PM
To: Ratliff, Preston K.; RHerrmann@morrisjames.com
Cc: Blumenfeld, Jack; eleff@flhlaw.com
Subject: RE: Sepracor v. Dey and Barr

Mr. Ratliff,

Please see the attached letter.

Sincerely,

Imron

From: Ratliff, Preston K. [mailto:prestonratliff@paulhastings.com]
Sent: Thursday, April 03, 2008 5:34 PM
To: Aly, Imron T.; RHerrmann@morrisjames.com
Cc: Blumenfeld, Jack; eleff@flhlaw.com; sbalick@ashby-geddes.com
Subject: Sepracor v. Dey and Barr

Mr. Aly,

See attached letter.

Very truly yours,

Preston

Preston K. Ratliff II, Litigation Associate | Paul, Hastings, Janofsky & Walker LLP | 75 East 55th Street, New York, NY 10022 | direct: 212 318 6055 | main: 212 318-6000 | direct fax: 212 230 7742
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EXHIBIT 18

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MEDICAL DICTIONARY

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Accurate indications, adverse reactions, and dosage schedules for drugs are provided in this book, but it is possible that they may change. The reader is urged to review the package information data of the manufacturers of the medications mentioned.

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bronchiolectasis

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bronchopneumonia

bronchiolectasis (brong'kē-ō-lek'ā-sis) [bronchiole + G. *ektasis*, a stretching]. Bronchiolectasia; bronchiectasis involving the bronchioles.

bronchioli (brong-kē'ō-li). Plural of bronchiolus.

bronchiolitis (brong-kē-ō-lī'tis) [bronchiole + *-itis*, inflammation]. Inflammation of the bronchioles, often associated with bronchopneumonia.

exudative b., inflammation of the bronchioles, with fibrinous exudation.

b. fibro'sa oblit'erans, obstruction of bronchioles, especially terminal bronchioles, by fibrous granulation tissue arising from ulcerated mucosa; the condition may follow inhalation of irritant gases, or may complicate pneumonia.

proliferative b., b. with obliteration of bronchiolar lumen and alveoli by epithelial proliferation, which may follow influenza and giant-cell pneumonia.

bronchiolo- [L. *bronchiolus*]. Combining form relating to the bronchiole.

bronchiolopulmonary (brong'kē-ōlō-pul'mō-nār-ē). Relating to the bronchioles and the lungs.

bronchiolus, pl. **bronchioli** (brong-kē'ō-lūs, -ō-lī) [Mod. L. dim. of *bronchus*] [NA]. Bronchiole; one of the finer subdivisions of the bronchi, less than 1 mm in diameter, and having no cartilage in its wall, but relatively abundant smooth muscle and elastic fibers. **bronchi'oli respirato'rii** [NA], respiratory bronchioles; the smallest bronchioles (0.5 mm in diameter) that connect the terminal bronchioles to alveolar ducts; alveoli rise from part of the wall. **b. termina'tis**, terminal *bronchiole*.

bronchiostenosis (brong'kē-ō-sten-ō'sis). Narrowing of the lumen of a bronchial tube.

bronchitic (brong-kit'ik). Relating to bronchitis.

bronchitis (brong-kī'tis). Inflammation of the mucous membrane of the bronchial tubes.

asthmatic b., b. which causes or aggravates bronchospasm.

Castellani's b., hemorrhagic b.

chronic b., a condition of the bronchial tree characterized by cough, hypersecretion of mucus, and expectoration of sputum over a long period of time, associated with frequent bronchial infection; usually due to inhalation, over a prolonged period, of air contaminated by dust or by noxious gases of combustion.

croupous b., fibrinous b.

fibrinous b., pseudomembranous, croupous, or plastic b.; inflammation of the bronchial mucous membrane, accompanied by a fibrinous exudation which often forms a cast of the bronchial tree with severe obstruction of air flow.

hemorrhagic b., Castellani's b.; bronchopulmonary spirochetosis; bronchospirochetosis; chronic b. due to infection with spirochetes (though other bacteria are usually present and contribute to the infection) and characterized by cough and bloody sputum.

infectious avian b., gasping disease; a specific infectious disease of young birds, caused by infectious bronchitis virus and associated with blocking of respiratory passages by exudate; it is highly transmissible, and often causes heavy losses of young chicks and heavy production losses among older laying birds.

obliterative b., b. oblit'erans, fibrinous b. in which the exudate is not expectorated but becomes organized, obliterating the affected portion of the bronchial tubes with consequent permanent collapse of affected portions of the lung.

plastic b., fibrinous b.

pseudomembranous b., fibrinous b.

putrid b., b. accompanied by an expectoration of foul-smelling sputum.

verminous b., hoose; b. and bronchopneumonia caused by invasion of the bronchi by lungworms; occurs commonly in cattle, swine, and sheep, but rarely in other species.

bronchium, pl. **bronchia** (brong'kē-ūm, brong'kē-ā) [Mod. L. fr. G. *bronchion*]. Bronchus.

broncho-, **bronch-**, **bronchi-** [G. *bronchos*, windpipe]. Combining form denoting bronchus, and, in ancient usage, the trachea.

bronchoalveolar (brong'kō-al-vē'ō-lār). Bronchovesicular.

bronchocavernous (brong-kō-kav'er-nūs). Relating to a bronchus or bronchial tube and a pulmonary pathologic cavity.

bronchocele (brong'kō-sēl) [broncho- + G. *kēlē*, hernia]. Bronchiocele; a circumscribed dilation of a bronchus.

bronchoconstriction (brong-kō-kon-strik'shūn). Reduction in the caliber of a bronchus or bronchi.

bronchoconstrictor (brong-kō-kon-strik'ter, -tōr). 1. Causing a reduction in caliber of a bronchus or bronchial tube. 2. An agent that possesses this action.

bronchodilatation (brong'kō-dil-ā-tā'shūn). Increase in caliber of the bronchi and bronchioles in response to pharmacologically active substances or autonomic nervous activity.

bronchodilation (brong'kō-dil-ā'shūn). 1. Alternative spelling for bronchodilatation. 2. Rarely used term for bronchiectasis.

bronchodilator (brong-kō-dī-lā'ter, -tōr). 1. Causing an increase in caliber of a bronchus or bronchial tube. 2. An agent that possesses this power.

bronchoedema (brong'kō-ē-dē'mā). Swelling of the mucosa of the bronchi.

bronchoesophagology (brong'kō-ē-sof-ā-gol'ō-jē) [broncho- + G. *oisophagos*, esophagus, + *logos*, study]. The specialty concerned with the diagnosis and treatment of diseases of the tracheobronchial tree and esophagus by endoscope and other means.

bronchoesophagoscopy (brong'kō-ē-sof-ā-gos'kō-pē). Examination of the tracheobronchial tree or esophagus through appropriate endoscopes.

bronchofiberscope (brong-kō-fī'ber-skōp). A fiberoptic endoscope particularly adapted for visualization of the trachea and bronchi.

bronchogenic (brong-kō-jen'ik). Bronchiogenic.

bronchogram (brong'kō-gram). The radiograph obtained at bronchography.

bronchography (brong-kog'rā-fē) [broncho- + G. *graphē*, a drawing]. Radiographic examination of the tracheobronchial tree following the injection of one of several radiopaque materials.

broncholith (brong'kō-lith) [broncho- + G. *lithos*, stone]. Bronchial calculus; a hard concretion in a bronchus or bronchial tube.

broncholithiasis (brong'kō-li-thī'ā-sis). Bronchial inflammation or obstruction caused by broncholiths.

bronchomalacia (brong'kō-mā-lā'shē-ā) [broncho- + G. *malakia*, a softening]. Degeneration of elastic and connective tissue of bronchi and trachea.

bronchomotor (brong-kō-mō'ter). 1. Causing a change in caliber, dilation, or contraction of a bronchus or bronchiole. 2. An agent possessing this action.

bronchomycosis (brong'kō-mī-kō'sis) [broncho- + G. *mykēs*, fungus]. Any fungus disease of the bronchial tubes or bronchi.

bronchophony (brong-kof'ō-nē) [broncho- + G. *phōnē*, voice]. Bronchiloquy; bronchial voice; increased intensity and clarity of voice sounds heard over a bronchus surrounded by consolidated lung tissue. See also tracheophony.

whispered b., whispering *pectoriloquy*.

bronchoplasty (brong'kō-plas-tē) [broncho- + G. *plastos*, formed]. Surgical alteration of the configuration of a bronchus.

bronchopneumonia (brong'ko-nu-mō'nī-ah). Bronchial pneumonia; acute inflammation of the walls of the smaller bronchial tubes, with varying amounts of pulmonary consolidation due to spread of

the inflammation into peribronchiolar alveoli and the alveolar ducts; may become confluent or may be hemorrhagic.
tuberculous b., an acute form of pulmonary tuberculosis characterized by widespread patchy consolidations.

bronchopulmonary (brong-kō-pul'mō-nār-ē). Relating to the bronchi tubes and the lungs.

branchorrhaphy (brong-kōr'ā-fē) [broncho- + G. *raphē*, a seam]. Suture of a wound of the bronchus.

branchorrhea (brong'kō-rē'ā) [broncho- + G. *rhoia*, a flow]. Excessive secretion of mucus from the bronchial mucous membrane.

bronchoscope (brong'kō-skōp) [broncho- + G. *skopeō*, to view]. An endoscope for inspecting the interior of the tracheobronchial tree, either for diagnostic purposes (including biopsy) or for the removal of foreign bodies.

bronchoscopy (brong-kos'kō-pē). Inspection of the interior of the tracheobronchial tree through a bronchoscope.

bronchospasm (brong'kō-spazm). Contraction of smooth muscle in the walls of the bronchi and bronchioles, causing narrowing of the lumen.

bronchospirchotetosis (brong'kō-spī'rō-kē-tō'sis). Hemorrhagic bronchitis.

bronchospirography (brong'kō-spī-rōg'rā-fē) [broncho- + L. *spiro*, to breathe, + G. *graphō*, to write]. Use of a single lumen endobronchial tube for measurement of ventilatory function of one lung.

bronchspirometer (brong'kō-spī-rom'ē-ter) [broncho- + L. *spiro*, to breathe, + G. *metron*, measure]. A device for measurement of rates and volumes of air flow into each lung separately, using a double lumen endobronchial tube.

bronchspirometry (brong'kō-spī-rom'ē-trē). Use of a bronchspirometer to measure ventilatory function of each lung separately.

branchostaxis (brong'kō-stak'sis) [broncho- + G. *staxis*, a dripping]. Hemorrhage from the bronchi.

branchostenosis (brong-kō-sten-ō'sis). Chronic narrowing of a bronchus.

branchostomy (brong-kos'tō-mē) [broncho- + G. *stoma*, mouth]. Surgical formation of a new opening into a bronchus.

branchotome (brong'kō-tōm) [broncho- + G. *tomē*, a cutting]. An instrument for incising a bronchus.

branchotomy (brong-kot'ō-mē). Incision of a bronchus.

branchotracheal (brong-kō-trā'kē-āl). Relating to the trachea and bronchi.

branchovesicular (brong'kō-vē-sik'yū-lār). Bronchoalveolar; relating to the bronchioles and alveoli in the lungs.

branchus, pl. **branchi** (brong'kūs, brong'ki) [Mod. L., fr. G. *branchos*, windpipe] [NA]. One of the subdivisions of the trachea serving to convey air to and from the lungs. The trachea divides into right and left main bronchi which in turn form lobar, segmental, and subsegmental bronchi. In structure, the intrapulmonary bronchi have a lining of pseudostratified ciliated columnar epithelium, and a lamina propria with abundant longitudinal networks of elastic fibers; there are spirally arranged bundles of smooth muscle, abundant mucoserous glands, and in the outer part of the wall irregular plates of hyaline cartilage.

eparterial b., obsolete term for the right superior lobe b. which passes above the right pulmonary artery.

hyparterial bronchi, obsolete term for those bronchi which pass below the pulmonary arteries, i.e., right middle and inferior lobar bronchi and left superior and inferior lobar bronchi.

intermediate b., b. *intermedius*, the portion of the right main b. between the upper lobe b. and the origin of the middle and inferior lobe bronchi.

left main b., b. *principalis sinister*.

lobar bronchi, *bronchi lobares*.

branchi loba'res [NA], lobar bronchi; the divisions of the bronchi that supply the lobes of the lungs; b. *lobaris superior*, b. *lobaris medius*, and b. *lobaris inferior* are the three lobar on the right; b. *lobaris superior* and b. *lobaris inferior* are on the left. The lobar bronchi divide into segmental b. **primary b.**, the main b. arising at the tracheal bifurcation tending into the developing lung of the embryo.

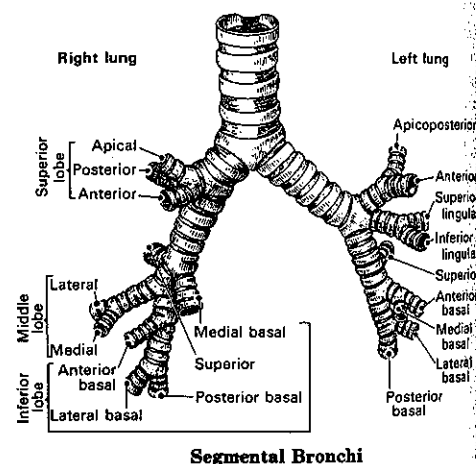
b. principalis dexter [NA], right main b.; it arises at the bifurcation of the trachea and enters the hilum of the right lung, giving off the superior lobe b. and continuing downward to give off the middle and inferior lobe bronchi.

b. principalis sinister [NA], left main b.; it arises at the bifurcation of the trachea, passes in front of the esophagus and enters the hilum of the left lung where it divides into a superior lobe b. and inferior lobe b.

right main b., b. *principalis dexter*.

segmental b., b. *segmentalis*.

b. segmenta'lis [NA], segmental b.; one of the divisions of a b. that supplies a bronchopulmonary segment. In the right lung there are commonly ten: in the superior lobe, b. *segmentalis apicalis*, b. *segmentalis posterior*, b. *segmentalis anterior*; in the middle lobe, b. *segmentalis lateralis*, b. *segmentalis medialis*; in the inferior lobe, b. *segmentalis apicalis* or superior, b. *segmentalis medialis* or cardiacus, b. *segmentalis basalis anterior*, b. *segmentalis basalis lateralis*, b. *segmentalis basalis posterior*. In the left lung there are commonly nine: in the superior lobe, b. *segmentalis apicoposterior*, b. *segmentalis anterior*, b. *lingularis superior*, b. *lingularis inferior*; in the inferior lobe, b. *segmentalis apicalis* or superior, b. *segmentalis basalis medialis* or cardiacus, b. *segmentalis basalis anterior*, b. *segmentalis basalis lateralis*, b. *segmentalis basalis posterior*.



Segmental Bronchi

stem b., the main b. from which the branches of the bronchial tree arise.

Brønsted, Johannes N., Danish physical chemist, 1879-1947. **B. base**, theory.

brontophobia (bront-ō-fō'bē-ā) [G. *brontē*, thunder, + *phobos*, fear]. Tonitrophobia; morbid fear of thunder.

brood (brūd). 1. Litter (2). 2. To ponder anxiously; to meditate. **bidly**.

Brooke, Bryan N., British surgeon, *1915. See *B. ileostomy*.

Brooke, Henry A.G., British dermatologist, 1854-1919. **Brooke disease**, tumor.

broom (brūm). *Scoparius*.

brow [A.S. *brū*]. 1. The eyebrow. See *supercilium*. 2. From

taminated milk from cows suffering from trembles; clinical manifestations include severe vomiting, labored breathing, delirium, convulsions, coma, and death; recovery from nonlethal illness is slow.

Monday morning s., azoturia of horses.

morning s., nausea gravidarum; the nausea and vomiting of early pregnancy.

motion s., kinesia; the syndrome of pallor, nausea, weakness, and malaise which may progress to vomiting and incapacitation, caused by stimulation of the semicircular canals during travel or motion as on a boat, plane, train, car, swing, or rotating amusement ride.

mountain s., altitude s. (1).

radiation s., the condition that follows therapeutic x-radiation. In mild forms there are anorexia, nausea, vomiting, malaise, and leukopenia; in more severe forms there are reduction or disappearance of platelets with bleeding, reduction or disappearance of leukocytes with risk of infection, and reduction of new red cells leading to anemia. The severity of the effect is dose dependent, although it varies among individuals.

serum s., serum disease or reaction; an immune complex disease appearing some days after injection of a foreign protein, with local and systemic reactions such as urticaria, fever, general lymphadenopathy, edema, joint pains, and occasionally albuminuria.

sleeping s., see *Gambian trypanosomiasis*; *Rhodesian trypanosomiasis*.

spotted s., pinta.

sweating s., an acute febrile disease of cattle in Africa; it is induced by the tick, *Hyalomma truncatum*, but the precise causative agent has not been identified.

West African sleeping s., *Gambian trypanosomiasis*.

side (sid) [A.S. *side*]. One of the two lateral margins or surfaces of a body, midway between the front and back.

balancing s., in dentistry, the nonfunctioning s. from which the mandible moves during the working bite.

working s., in dentistry, the lateral segment of a dentition toward which the mandible is moved during occlusal function.

sidebones (sid'bōnz). Ossification of the lateral cartilages of the horse's foot, seen most often in the forefeet of the heavier working breeds; exostoses often appear, and may be seen and palpated above the hoof line.

side effect: A result of drug or other therapy in addition to or in extension of the desired therapeutic effect; usually but not necessarily, connoting an undesirable effect. Although technically the therapeutic effect carried beyond the desired limit (e.g., a hemorrhage from an anticoagulant) is a s.e., the term more often refers to pharmacologic results of therapy unrelated to the usual objective (e.g., a development of signs of Cushing's syndrome with steroid therapy).

sideration (sid-er-ā'shūn) [L. *sideror*, pp. *sideratus*, to be blasted or palsied by a constellation, fr. *sidus* (*sider-*), a constellation, the heavens]. Any sudden attack, as of apoplexy.

sidero- [G. *siderōs*, iron]. Combining form denoting iron.

sideroblast (sid'er-ō-blast) [sidero- + G. *blastos*, germ]. An erythroblast containing granules of ferritin stained by the Prussian blue reaction.

siderocyte (sid'er-ō-sit) [sidero- + G. *kytos*, cell]. An erythrocyte containing granules of free iron, as detected by the Prussian blue reaction, in the blood of normal fetuses, where they constitute from 0.10 to 4.5% of the erythrocytes.

sideroderma (sid'er-ō-der'mā) [sidero- + G. *derma*, skin]. Brownish discoloration of the skin on the legs due to hemosiderin deposits.

siderofibrosis (sid'er-ō-fi-brō'sis). Fibrosis associated with small foci in which iron is deposited.

siderogenous (sid-er-ōj'ē-nūs) [sidero- + G. *-gen*, producing]. Iron-forming.

sideropenia (sid'er-ō-pē'nē-ā) [sidero- + G. *penia*, poverty]. An abnormally low level of serum iron.

sideropenic (sid'er-ō-pē'nik). Characterized by sideropenia.

siderophag (sid'er-ō-fāj) [sidero- + G. *phagein*, to eat]. Siderophore.

siderophil, siderophile (sid'er-ō-fil, -fil) [sidero- + G. *philos*, fond]. 1. Siderophilous; absorbing iron. 2. A cell or tissue that contains iron.

siderophilin (sid-er-ō-fil'in, -of'il-in). Transferrin (1).

siderophilous (sid-er-ōf'i-lūs). Siderophil (1).

siderophone (sid'er-ō-fōn, sī-der'ō-fōn) [sidero- + G. *phōnē*, sound]. Obsolete term for an electrical device for detecting a bit of iron in the eyeball, its presence causing the instrument to sound.

siderophore (sid'er-ō-fōr) [sidero- + G. *phoros*, bearing]. Siderophag; heart failure cell; a large extravasated mononuclear phagocyte containing granules of hemosiderin, found in the sputum or in the lungs of individuals with longstanding pulmonary congestion from left ventricular failure.

sideroscope (sid'er-ō-skōp) [sidero- + G. *skopeō*, to view]. Obsolete term for a very delicately poised magnetic needle for the detection of the presence and location of a particle of iron or steel imbedded in the eyeball.

siderosilicosis (sid'er-ō-sil'i-kō'sis) [sidero- + *silicosis*]. Silicosiderosis; silicosis due to inhalation of dust containing iron and silica.

siderosis (sid-er-ō'sis) [sidero- + G. *-osis*, condition]. 1. A form of pneumoconiosis due to the presence of iron dust. 2. Discoloration of any part by disposition of an iron pigment; usually called hemosiderosis. 3. An excess of iron in the circulating blood. 4. Degeneration of the retina, lens, and uvea as a result of the deposition of intraocular iron.

siderotic (sid-er-ō'tik). Related to siderosis; pigmented by iron or containing an excess of iron.

SIDS Abbreviation for sudden infant death syndrome.

Siebert, Ferdinand, German pediatrician, 1865-1946. See *S.'s sign*.

Siegle, Emil, German otologist, 1833-1900. See *S.'s otoscope*.

Siemens, Hermann Werner, German dermatologist, *1891. See *Christ-S. syndrome*.

siemens (S) (sē'menz) [Sir William Siemens, Ger. born British engineer, 1823-1883]. Mho; the SI unit of electrical conductance; the conductance of a body with an electrical resistance of 1 ohm, allowing 1 ampere of current to flow per volt applied.

Siemerling, Ernst, 20th century German physician, 1857-1931. See *S.-Creutzfeldt disease*.

sieve (siv) [O.E. *sive*]. A meshed or perforated device for separating fine particles from coarser ones.

molecular s., a gel-like material with pore sizes of such ranges as to exclude molecules above certain sizes; used in fractionating or purifying macromolecules.

sievert (Sv) (sē'vert). The SI derived unit of ionizing radiation absorbed dose equivalent, producing the same biologic effect on a tissue as one gray; 1 Sv = 100 rem.

Sig. Abbreviation for L. *signa*, label, write, or *signetur*, let it be labeled.

Siggaard-Andersen, Ole, Danish clinical biochemist, *1932. See *S. A. nomogram*.

sigh (si) [A.S. *sican*] 1. An audible inspiration and expiration under the influence of some emotion. 2. To perform such an act.

sight (sit) [A.S. *gesith*] The ability or faculty of seeing. See also *vision*.

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EXHIBIT 19

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chromesthesia • chronobiologist 121

chromesthesia or chiefly Brit **chrom-aes-the-sia** \,krō-mes-ē-zh(ē)-ə\ *n* : synesthesia in which color is perceived in response to stimuli (as words or numbers) that contain no element color — called also **chromatism**, **color hearing**

chrome yellow *n* : a yellow pigment consisting essentially of **lead chromate** PbCrO_4

chromic \,krō-mik\ *adj* : of, relating to, or derived from chromium esp. with a valence of three

chromic acid *n* : an acid H_2CrO_4 analogous to sulfuric acid but known only in solution and esp. in the form of its salts (as lead chromate) most of which are yellow and are toxic causing ulcers of the skin or mucous membranes

chromicize \,krō-mə-,sīz\ *vt* -cized; -ciz-ing : to treat (catalyzed) with a compound of chromium

chromidial substance *n* : **NISSL SUBSTANCE**

chromidial granule \krō-'mid-ē-əm, krō-'mīd-ē-əl\ *n*, *pl* -ia \-ē-ə\ : a chromatin or chromatinlike granule in the cytoplasm of a cell; esp. one of nuclear origin — **chromidial** \krō-'mid-ē-əl, krō-'mīd-ē-əl\ *adj*

chromidiosis \,krō-mə-'drō-sis\ also **chromidiosis** \krō-mīd-ē-iz-ē-sis\ *n*, *pl* -drō-ses \-sēz\ : secretion of colored sweat

chromium \,krō-mē-əm\ *n* : a blue-white metallic element found naturally only in combination and used esp. in alloys and electroplating — symbol *Cr*; see **ELEMENT** table

chromobacterium \,krō-mō-bak-'tir-ē-əm\ *n* 1 *cap* : a genus of aerobic gram-negative saprophytic soil and water bacteria (family Rhizobiaceae) producing a violet pigment 2 *pl* -ria \-rē-ə\ : a bacterium of the genus *Chromobacterium*

chromoblast \,krō-mə-'blast\ *n* : an anatomical cell that develops into a pigment cell

chromoblastomycosis \,krō-mə-'blas-tō-mī-'kō-sis\ *n*, *pl* -ses \-sēz\ : a skin disease that is caused by any of several pigmented fungi esp. of the genera *Hormodendrum* or *Phialophora* and is marked by the formation of warty colored nodules, on the legs

chromocenter \,krō-mə-'sent-ər\ *n* : a densely staining nucleolar body associated with the chromatin of some cells — **chromocentric** \,krō-mə-'sen-trik\ *adj*

chromocyte \,krō-mə-'sīt\ *n* : a pigmented anatomical cell — **chromocytic** \,krō-mə-'sīt-ik\ *adj*

chromogen \,krō-mə-'jən\ *n* 1 *a* : a precursor of a biochemical pigment 2 *b* : a compound not itself a dye but containing a chromophore and so capable of becoming one 2 : a pigment-producing microorganism (many bacteria are ~s) — **chromogenic** \,krō-mə-'jen-ik\ *adj*

chromogenes \,krō-mə-'jen-ē-sis\ *n*, *pl* -es \-sēz\ : color production (as by the metabolic activities of bacteria and fungi)

chromoisomerism \,krō-(,mō-'ī-'sām-ē-,riz-əm\ *n* : isomerism in which the isomers are of different colors — used esp. of dyes in which the isomers are tautomeric

chromolipoid \,krō-mə-'līp-ōid, -'līp-,ōid\ *n* : **LIPochrome**

chromomere \,krō-mə-'mī-ə\ *n* : the highly refractile portion of a thrombocyte or blood platelet — compare **HYALOMERE**

chromomere *n* : one of the small bead-shaped and heavily staining concentrations of chromatin that are linearly arranged along the chromosome — **chromomeric** \,krō-mə-'mer-ik, -'mī-ə\ *adj*

chromometer \krō-'mām-ət-ər, krō-'mō-mē-ter\ *n* : an apparatus for measuring the color of a substance with a standard esp. to determine the degree of purity or percentage of a constituent : **colorimeter**

chromone \,krō-'mōn\ *n* : a colorless crystalline cyclic ketone

chromophil or **chromophile** or **chromatophil** or **chromatophile** *n* : a chromophil cell or substance

chromophily *var* of **CHROMATOPHILIA**

chromophobe \,krō-mə-'fōb\ also **chromophobic** \,krō-mə-'fō-bik\ *adj* : not readily absorbing stains : difficult to stain (<~ tumors> — **chromophobous** \,krō-mə-'fō-bē, krō-'māf-ə-bē\ *n*, *pl* -bies

chromophobe *n* : a chromophobe cell esp. of the pituitary gland

chromophore \,krō-mə-'fō(ə)r, -fō(ə)r\ *n* : a chemical group that gives rise to color in a molecule — **chromophoric** \,krō-mə-'fōr-ik, -'fār\ *adj*

chromophorous \(')krō-'māf-(ə)-rəs\ *adj* : containing pigment as an integral part of the protoplasm

chromophytosis \,krō-mə-'fī-'tō-sis\ *n*, *pl* -to-ses \-sēz\ : **TINEA VERSICOLOR**

chromoplasm *var* of **CHROMATOPLASM**

chromoplast \,krō-mə-'plast\ *n* : a colored plastid usu. containing red or yellow pigment (as carotene)

chromoprotein \,krō-mə-'prō-,tēn, -'prōt-ē-ən\ *n* : a compound (as hemoglobin) of a protein with a metal-containing pigment (as heme) or a carotenoid

chromoscopy \,krō-'mās-kə-pē\ *n*, *pl* -pies : diagnosis of gastric or renal function by the administration of dyes and subsequent examination of the stomach contents or the urine

chromosome \,krō-mə-'sōm, -zōm\ *n* : one of the linear or sometimes circular basophilic bodies of viruses, bacteria, blue-green algae, and the cell nuclei of all other unicellular or multicellular organisms that contain most or all of the DNA or RNA comprising the genes of the individual — **chromosomal** \,krō-mə-'sō-məl, -zō-ə\ *adj* — **chromosomally** \-mə-lē\ *adv*

chromosome complement *n* : the entire group of chromosomes in a nucleus

chromosome number *n* : the usu. constant number of chromosomes characteristic of a particular kind of animal or plant

chromotherapy \,krō-mō-'ther-ə-pē\ *n*, *pl* -pies : treatment of disease by colored lights

chromotrichial \-'trik-ē-əl\ *adj* : concerned with or modifying hair color

chronaxie also **chronaxy** \,krōn-,ak-sē, 'krān-ə\ or **chronaxia** \,krō-'nak-sē-ə, krō-, 'krān-'ak-ə\ *n*, *pl* -axies also -axies : the minimum time required for excitation of a structure (as a nerve cell) by a constant electric current of twice the threshold voltage — compare **rheobase**

chronaximeter \,krō-,nak-'sim-ət-ər, 'krān-,ak-ə\ *n* : a device for measuring chronaxie

chronaximetry \,krō-,nak-'sim-ə-trē, 'krān-,ak-ə\ *n*, *pl* -tries : the measurement of chronaxie — **chronaximetric** \,krō-,nak-sə-'mē-trik\ *adj* — **chronaximetrically** \-trik-ə-lē\ *adv*

chronic \,krān-ik\ also **chronical** \-i-kəl\ *adj* 1 *a* : marked by long duration, by frequent recurrence over a long time, and often by slowly progressing seriousness : not acute (<~ indigestion> <her hallucinations became ~> 2 : suffering from a disease or ailment of long duration or frequent recurrence (<~ arthritic> <~ sufferers from asthma> 2 : having a slow progressive course of indefinite duration — used esp. of degenerative invasive diseases, some infections, psychoses, inflammations, and the carrier state (<~ heart disease> <~ arthritis> <~ tuberculosis> <~ carrier> — compare **ACUTE** 2b(1) — **chronically** \-i-k(ə)-lē\ *adv* — **chronicity** \krō-'nis-ət-ē, krō-'nē-ə\ *n*, *pl* -ties

chronic *n* : one that suffers from a chronic disease

chronic alcoholism *n* : a symptom or disease that involves complex psychologic factors characterized by compulsive drink-